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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 09/599.048 **TRANSMITTAL** Filing Date Jun 21, 2000 **FORM** First Named Inventor Erickson Technology Center 2100 Group Art Unit (to be used for all correspondence after initial filing) 2122 **Examiner Name** STEELMAN, MARY J Total Number of Pages in This Submission Attorney Docket Number MS1-563US **ENCLOSURES** (check all that apply) After Allowance Communication Assignment Papers (for an Application) Fee Transmittal Form to Group Appeal Communication to Board Fee Attached Drawing(s) Sheets of Appeals and Interferences Licensing-related Papers Appeal Communication to Group Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Affidavits/declaration(s) **Provisional Application** Status Letter Power of Attorney, Revocation Change of Correspondence Other Enclosure(s) (please Extension of Time Request Address identify below): Terminal Disclaimer Form PTO-1449 (2 pages) and 30 cited **Express Abandonment Request** references Request for Refund **Return Post Card** Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 PATENT TRADEMARK OFFICE SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Lance R. Sadler Individual name Signature Date CERTIFICATE OF MAILING hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: LeAnn M. Sassman

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for FY 2003  Effective 01/01/2003. Patent fees are subject to annual revision.		Filing Date			J	lun 21, 2000	1 0 0 L00	
		First Named Inventor			itor E	Erickson Technology Center		
		Examiner Name				STEELMAN, MARY J		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			[2	2122		
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Attorney Docket No.			lo. N	MS1-563US		
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The Commissioner is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments		2,520	1812			g a request for ex parte reexamination		
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1004 750 2004 375 Reissue filing fee	1403	280	2403		_	st for oral hearing		
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1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Reissue independent claims	1810	750	2810	375		ch additional invention to be ned (37 CFR 1.129(b))	<u>                                     </u>	
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SUBMITTED BY (Complete (if applicable) Registration No. Name (Print/Type) Lange A. 38,605 Telephone (509) 324-9256 Sadle (Attorney/Agent) Signature Date z

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